

**ITEM 18. MEDICAL HISTORY**

<b>18. Medical History</b> - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. <b>See Instructions Page</b>											
Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a.	<input type="checkbox"/>	<input type="checkbox"/> Frequent or severe headaches	g.	<input type="checkbox"/>	<input type="checkbox"/> Heart or vascular trouble	m.	<input type="checkbox"/>	<input type="checkbox"/> Mental disorders of any sort; depression, anxiety, etc.	r.	<input type="checkbox"/>	<input type="checkbox"/> Military medical discharge
b.	<input type="checkbox"/>	<input type="checkbox"/> Dizziness or fainting spell	h.	<input type="checkbox"/>	<input type="checkbox"/> High or low blood pressure	n.	<input type="checkbox"/>	<input type="checkbox"/> Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years	s.	<input type="checkbox"/>	<input type="checkbox"/> Medical rejection by military service
c.	<input type="checkbox"/>	<input type="checkbox"/> Unconsciousness for any reason	i.	<input type="checkbox"/>	<input type="checkbox"/> Stomach, liver, or intestinal trouble				t.	<input type="checkbox"/>	<input type="checkbox"/> Rejection for life or health insurance
d.	<input type="checkbox"/>	<input type="checkbox"/> Eye or vision trouble except glasses	j.	<input type="checkbox"/>	<input type="checkbox"/> Kidney stone or blood in urine	o.	<input type="checkbox"/>	<input type="checkbox"/> Alcohol dependence or abuse	u.	<input type="checkbox"/>	<input type="checkbox"/> Admission to hospital
e.	<input type="checkbox"/>	<input type="checkbox"/> Hay fever or allergy	k.	<input type="checkbox"/>	<input type="checkbox"/> Diabetes	p.	<input type="checkbox"/>	<input type="checkbox"/> Suicide attempt	x.	<input type="checkbox"/>	<input type="checkbox"/> Other illness, disability, or surgery
f.	<input type="checkbox"/>	<input type="checkbox"/> Asthma or lung disease	l.	<input type="checkbox"/>	<input type="checkbox"/> Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	q.	<input type="checkbox"/>	<input type="checkbox"/> Motion sickness requiring medication			
<b>Conviction and/or Administrative Action History - See Instructions Page</b>											
Yes	No	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.						Yes	No	History of nontraffic conviction(s) (misdemeanors or felonies).	
v.	<input type="checkbox"/>							w.	<input type="checkbox"/>		
EXPLANATIONS: <a href="#">See Instructions Page</a>										For FAA Use Review Action Codes	

Each item under this heading must be checked either "yes" or "no." For all items checked "yes," a description and approximate date of every condition the applicant has ever been diagnosed with, had, or presently has, must be given in the EXPLANATIONS box. If information has been reported on a previous application for airman medical certification and there has been no change in the condition, the applicant may note "PREVIOUSLY REPORTED, NO CHANGE" in the EXPLANATIONS box, but the applicant must still check "yes" to the condition.

Of particular importance are conditions that have developed since the last FAA medical examination. If more space is needed, a plain sheet of paper bearing the applicant's full printed name, date of birth, signature, and the date should be used.

The Examiner must take the time to review the applicant's responses on FAA Form 8500-8 before starting the applicant's medical examination.

The Examiner should ensure that the applicant has checked all of the boxes in Item 18 as either "yes" or "no." The Examiner should use information obtained from this review in asking the applicant pertinent questions during the course of the examination. Certain aspects of the individual's history may need to be elaborated upon. The Examiner should provide in Item 60, page 154 an explanation of the nature of items checked "yes" in Items 18.a. through 18.x. An additional sheet may be added if necessary.

Supplementary reports from the applicant's physician(s) should be obtained and forwarded to the AMCD, when necessary, to clarify the significance of an item of history.

The responsibility for providing such supplementary reports rests with the applicant. A discussion with the Examiner's [RFS](#) may clarify and expedite the certification process at that time.

Affirmative answers alone in Item 18 do not constitute a basis for denial of a medical certificate. A decision concerning issuance or denial should be made by applying the medical standards pertinent to the conditions uncovered by the history.

Experience has shown that, when asked direct questions by a physician, applicants are likely to be candid and willing to discuss medical problems.

The Examiner should attempt to establish rapport with the applicant and to develop a complete medical history. Further, the Examiner should be familiar with the FAA certification policies and procedures in order to provide the applicant with sound advice.

18.a. Frequent or severe headaches. The applicant should report frequency, duration, characteristics, severity of symptoms, neurologic manifestations, and whether they have been incapacitating, treatment and side effects, if any. (See [Item 46](#), page 102).

18.b. Dizziness or fainting spells. The applicant should describe characteristics of the episode; e.g., spinning or lightheadedness, frequency, factors leading up to and surrounding the episode, associated neurologic symptoms; e.g., headache, nausea, LOC, or paresthesias. Include diagnostic workup and treatment if any. (See [Items 25-30](#), page 39; and [Item 46](#), page 102).

18.c. Unconsciousness for any reason. The applicant should describe the event(s) to determine the primary organ system responsible for the episode, witness statements, initial treatment, and evidence of recurrence or prior episode. Although the regulation states, "an unexplained disturbance of consciousness is disqualifying," it does not mean to imply that the applicant can be certificated if the etiology is identified, because the etiology may also be disqualifying in and of itself. (See [Item 46](#), page 102).

18.d. Eye or vision trouble except glasses. The Examiner should personally explore the applicant's history by asking questions, concerning any changes in vision, unusual visual experiences (halos, scintillations, etc.), sensitivity to light, injuries, surgery, or current use of medication. Does the applicant report inordinate difficulties with eye fatigue or strain? Is there a history of serious eye disease such as glaucoma or other disease commonly associated with secondary eye changes, such as diabetes? For glaucoma or ocular hypertension, obtain a FAA [Form 8500-14](#), Report of Eye Evaluation for Glaucoma. For any other medical condition, obtain a FAA [Form 8500-7](#), Report of Eye Evaluation. Under all circumstances, please advise the examining eye specialist to explain why the airman is unable to correct to Snellen visual acuity of 20/20. (Also see [Items 31-34](#), page 46; [Item 53](#), page 143; and [Item 54](#), page 145).

18.e. Hay fever or allergy. The applicant should report frequency and duration of symptoms, and whether they have been incapacitating by the condition. Mention

should also be made of treatment and side effects. The Examiner should inquire whether the applicant has ever experienced any “ear block”, barotitis, or any other symptoms that could interfere with aviation safety? Barosinusitis is of concern and should also be ruled out. (See [Item 26](#), page 42).

18.f. Asthma or lung disease. The applicant should provide frequency and severity of asthma attacks, medications, and number of visits to the hospital and/or emergency room. For other lung conditions, a detailed description of symptoms/diagnosis, surgical intervention, and medications should be provided. (See [Item 35](#), page 57).

18.g. Heart or vascular trouble. The applicant should describe the condition to include, dates, symptoms, and treatment, and provide medical reports to assist in the certification decision-making process. These reports should include: operative reports of coronary intervention to include the original cardiac catheterization report, stress tests, worksheets, and original tracings (or a legible copy). When stress tests are provided, forward the reports, worksheets and original tracings (or a legible copy) to the FAA. Part 67 provides that, for all classes of medical certificates, an established medical history or clinical diagnosis of myocardial infarction, angina pectoris, cardiac valve replacement, permanent cardiac pacemaker implantation, heart replacement, or coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant, is cause for denial. (See [Item 36](#), page 64)

18.h. High or low blood pressure. The applicant should provide history and treatment. Issuance of a medical certificate to an applicant with high blood pressure may depend on the current blood pressure levels and whether the applicant is taking anti-hypertensive medication. The Examiner should also determine if the applicant has a history of complications, adverse reactions to therapy, hospitalization, etc. (Details are given in [Item 36](#), page 64; and [Item 55](#), page 147).

18.i. Stomach, liver, or intestinal trouble. The applicant should provide history and treatment, pertinent medical records, current status report, and medication. If a surgical procedure was done, the applicant must provide operative and pathology reports. (See [Item 38](#) page 77).

18.j. Kidney stone or blood in urine. The applicant should provide history and treatment, pertinent medical records, current status report and medication. If a procedure was done, the applicant must provide the report and pathology reports. (See [Item 41](#), page 85).

18.k. Diabetes. The applicant should describe the condition to include, symptoms and treatment. Comment on the presence or absence of hyperglycemic and/or hypoglycemic episodes. A medical history or clinical diagnosis of diabetes mellitus requiring insulin or other hypoglycemic drugs for control are disqualifying. The Examiner can help expedite the FAA review by assisting the applicant in gathering medical records and submitting a current specialty report. (See [Item 48](#), page 122).

18.l. Neurological disorders; epilepsy, seizures, stroke, paralysis, etc. The applicant should provide history and treatment, pertinent medical records, current status report and medication. The Examiner should obtain details about such a history and report the results. An established diagnosis of epilepsy, a transient loss of control of nervous system function(s), or a disturbance of consciousness is a basis for denial no matter how remote the history. Like all other conditions of aeromedical concern, the history surrounding the event is crucial. Certification is possible if a satisfactory explanation can be established. (See [Item 46](#), page 102).

18.m. Mental disorders of any sort; depression, anxiety, etc. An affirmative answer to Item 18.m. requires investigation through supplemental history taking. Dispositions will vary according to the details obtained. An applicant with an established history of a personality disorder that is severe enough to have repeatedly manifested itself by overt acts, a psychosis disorder, or a bipolar disorder must be denied or deferred by the Examiner. (See [Item 46](#), page 102; and [Item 47](#), page 114).

18.n. Substance dependence; or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years. "Substance" includes alcohol and other drugs (e.g., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals). For a "yes" answer to Item 18.n., the Examiner should obtain a detailed description of the history. A history of substance dependence or abuse is disqualifying. The Examiner must defer issuance of a certificate if there is doubt concerning an applicant's substance use. (See [Item 47](#), page 114).

18.o. Alcohol dependence or abuse. See Item 18.n.

18.p. Suicide attempt. A history of suicidal attempts or suicidal gestures requires further evaluation. The ultimate decision of whether an applicant with such a history is eligible for medical certification rests with the FAA. The Examiner should take a supplemental history as indicated, assist in the gathering of medical records related to the incident(s), and, if the applicant agrees, assist in obtaining psychiatric and/or psychological examinations. (See [Item 47](#), page 114).

18.q. Motion sickness requiring medication. A careful history concerning the nature of the sickness, frequency and need for medication is indicated when the applicant responds affirmatively to this item. Because motion sickness varies with the nature of the stimulus, it is most helpful to know if the problem has occurred in flight or under similar circumstances. (See [Item 29](#), page 44).

18.r. Military medical discharge. If the person has received a military medical discharge, the Examiner should take additional history and record it in [Item 60](#). It is helpful to know the circumstances surrounding the discharge, including dates, and whether the individual is receiving disability compensation. If the applicant is receiving veteran's disability benefits, the claim number and service number are helpful in

obtaining copies of pertinent medical records. The fact that the applicant is receiving disability benefits does not necessarily mean that the application should be denied.

18.s. Medical rejection by military service. The Examiner should inquire about the place, cause, and date of rejection and enter the information in [Item 60](#), page 154. It is of great assistance to the applicant and the FAA if the Examiner can help obtain copies of military documents for attachment to the FAA Form 8500-8. If a delay of more than 14-calendar days is expected, the Examiner should transmit FAA Form 8500-8 to the FAA with a note specifying what documents will be forwarded later under separate cover.

Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.t. Rejection for life or health insurance. The Examiner should inquire regarding the circumstances of rejection. The supplemental history should be recorded in [Item 60](#), page 154. Disposition will depend upon whether the medical condition still exists or whether a history of such a condition requires denial or deferral under the FAA medical standards.

18.u. Admission to hospital. For each admission, the applicant should list the dates, diagnoses, duration, treatment, name of the attending physician, and complete address of the hospital or clinic. If previously reported, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." A history of hospitalization does not disqualify an applicant, although the medical condition that resulted in hospitalization may.

18.v. Conviction and/or Administrative Action History. The events to be reported are specifically identified in Item 18.v. of FAA Form 8500-8. If "yes" is checked, the applicant must describe the conviction(s) and/or administrative action(s) in the EXPLANATIONS box. The description must include:

- The alcohol or drug offense for which the applicant was convicted or the type of administrative action involved (e.g., attendance at an educational or rehabilitation program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding convictions; etc.);
- The name of the state or other jurisdiction involved; and
- The date of the conviction and/or administrative action

If there have been no new convictions or administrative actions since the last application, the applicant may enter "PREVIOUSLY REPORTED, NO CHANGE." Convictions and/or administrative actions affecting driving privileges may raise questions about the applicant's fitness for certification and may be cause for disqualification. (See [Items 18.n.](#) and [47](#), page 114).

A single driving while intoxicated (DWI) conviction or administrative action usually is not cause for denial if there are no other instances or indications of substance dependence or abuse. The Examiner should inquire regarding the applicant's alcohol use history, the circumstances surrounding the incident, and document those findings in [Item 60](#), page 154. (See [Item 47](#), page 114).

NOTE: The Examiner should advise the applicant that the reporting of alcohol or drug offenses (i.e., motor vehicle violation) on the history part of the medical application does not relieve the airman of responsibility to report each motor vehicle action to the FAA within 60 days of the occurrence to the Civil Aviation Security Division, AAC-700; P.O. Box 25810; Oklahoma City, OK 73125-0810.

18.w. History of nontraffic convictions. The applicant must report any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). The applicant must name the charge for which convicted and the date of the conviction(s), and copies of court documents (if available). (See [Item 47](#), page 114).

18.x. Other illness, disability, or surgery. The applicant should describe the nature of these illnesses in the EXPLANATIONS box. If additional records, tests, or specialty reports are necessary in order to make a certification decision, the applicant should so be advised. If the applicant does not wish to provide the information requested by the Examiner, the Examiner should defer issuance.

If the applicant wishes to have the FAA review the application and decide what ancillary documentation is needed, the Examiner should defer issuance of the medical certificate and forward the completed FAA Form 8500-8 to the AMCD. If the Examiner proceeds to obtain documentation, but all data will not be received within the 2 weeks, FAA Form 8500-8 should be transmitted immediately to the AMCD with a note that additional documents will be forwarded later under separate cover.